	in this inform	and the state of the section of the					
ΓIII	in this inforn	nation to identify your case:			eck one box only a A-1Supp:	s directed in this form	and in Form
Deb	tor 1 <u> </u>	Mercedes Roysha Childs		22	т тоарр.		
Dah	tor 2			11,	■ 1. There is no pres	rumption of abuse	
	ouse, if filing)				_	·	
Unit	ed States Bai	nkruptcy Court for the: District of Utah			applies will be r	to determine if a presump made under <i>Chapter 7 M</i> ricial Form 22A-2).	
	e number nown)					does not apply now bec y service but it could app	
					☐ Check if this is a	n amended filing	<u>- </u>
∩ff	icial Fo	rm 22A - 1			Officer in this is a	an amenaca ming	
			ant Manth	lv lpa	omo		
∪n	apter 1	Statement of Your Curr	ent Month	iy inc	ome		12/14
Iddi Iou	tional pages, do not have umption of A	attach a separate sheet to this form. Incle, write your name and case number (if kno primarily consumer debts or because of cabuse Under § 707(b)(2) (Official Form 22/ulate Your Current Monthly Income	own). If you believe Jualifying military s	that you service, c	are exempted from	a presumption of abus	e because
1.	What is you	r marital and filing status? Check one only	/.				
	■ Not marr	ried. Fill out Column A, lines 2-11.					
	☐ Married	and your spouse is filing with you. Fill out	both Columns A an	d B, lines	2-11.		
	☐ Married	and your spouse is NOT filing with you. Y	ou and your spous	se are:			
	☐ Living	in the same household and are not legal	y separated. Fill ou	t both Col	umns A and B, lines	2-11.	
	penalt	separately or are legally separated. fill ou ty of perjury that you and your spouse are legapart for reasons that do not include evading	gally separated unde	er nonban	kruptcy law that appli	es or that you and your s	
c o ir	ase. 11 U.S.C f your monthly come amoun	rage monthly income that you received from the state of t	on September 15, the income for all 6 moses own the same re	e 6-month onths and	period would be Mar divide the total by 6.	ch 1 through August 31. Fill in the result. Do not ir	If the amount include any
					Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
2.	Your gross payroll dedu	wages, salary, tips, bonuses, overtime, a ctions).	nd commissions (b	efore all	\$ 2,563.77	\$	
3.	Alimony an Column B is	d maintenance payments. Do not include p filled in.	ayments from a spo	ouse if	\$	\$	
4.	of you or you from an unmand roomma	s from any source which are regularly pai our dependents, including child support. I parried partner, members of your household, ates. Include regular contributions from a spo not include payments you listed on line 3.	nclude regular conti your dependents, p	ributions arents,	\$0.00	\$	
5.	Net income	from operating a business, profession, o	r farm				
	Gross receip	ots (before all deductions)	\$ 0.00				
	•	d necessary operating expenses	-\$ 0.00			•	
_	-	income from a business, profession, or farm	\$ <u>0.00</u> Cop	y here ->	\$	\$	
6.		from rental and other real property	\$ 0.00				
		ots (before all deductions)	-\$ 0.00				
		d necessary operating expenses income from rental or other real property	\$ 0.00 Cop	v here ->	\$ 0.00	\$	
7	•	vidends, and rovalties	Ψ σορ	-	\$ 0.00	\$	

Official Form 22A-1

Case 15-21195 Doc 4 Filed 02/17/15 Entered 02/17/15 18:56:03 Desc Main Page 2 of 2 Document **Mercedes Roysha Childs** Debtor 1 Case number (if known) Column A Column B Debtor 2 or Debtor 1 non-filing spouse 8. Unemployment compensation 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you For your spouse 9. Pension or retirement income. Do not include any amount received that was a 0.00 benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total on line 10c. 10a. 10b. 0.00 10c. Total amounts from separate pages, if any. 0.00 11. Calculate your total current monthly income. Add lines 2 through 10 for 2,563.77 \$ 2.563.77 each column. Then add the total for Column A to the total for Column B. Total current monthly Part 2: **Determine Whether the Means Test Applies to You** 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> 12a 2,563.77 Multiply by 12 (the number of months in a year) **x** 12 30,765.24 12b. The result is your annual income for this part of the form 13. Calculate the median family income that applies to you. Follow these steps: UT Fill in the state in which you live. Fill in the number of people in your household. Fill in the median family income for your state and size of household. 58,595.00 13. 14. How do the lines compare? Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. 14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 22A-2. Go to Part 3 and fill out Form 22A-2. Part 3: By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Mercedes Roysha Childs

Mercedes Roysha Childs

Signature of Debtor 1

Date **February 17, 2015**

MM/DD/YYYY

If you checked line 14a, do NOT fill out or file Form 22A-2.

If you checked line 14b, fill out Form 22A-2 and file it with this form.